U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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MR.15562

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 532)	2. Fiscal Year Covered From:
	1 / 1 / 0 4 Through: 12 / 31 / 04
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name Richard O'KANE	Name IRON WORKERS LOCAL 361
	Labor Organization File Number 014-497
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street C/O 39-19 97- AVE:	Street 39-19 97TH AVENUE
City OZONE PARK	City OZONE PARK
State NEW YORK ZIP Code + 4 11916	State NEW YORK ZIP Code + 4 114/6
5. Position in labor organization. BUSINESS MANAGE	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of	
the last year an employer whose employees your organization	on represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	-
	7,b. Amount,
Street	·
City	The Andrews and an analysis and management of the Andrews Andr
State ZIP Code + 4	Reservation and the second and the s
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Richard O Kane	On <u>\$P-10-05</u> 718-322-1016 Date Telephone Number
Form LM-30 (2003)	r eceptione reuniner

Name of Person Filling Ruherd O'Kane	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name ALLIED BUILDING METAL INDUSTIES		
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 21 EAST 43RD STREET	c. Employer	
City NEW YORK		
State NEW YORK ZIP Code + 4 10017		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name IRON WORKERS LOCALS 40 3614417 SECURITY FUNOS	EMPLOYERS ORGANIZATION	
Trade Name, if any: SECURITY FUNOS		
P.O. Box, Bldg., Room No., if any		
Street 451 PARK AVENUE SOUTH		
City NEW YORK	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	
State NEW YORK ZIP Code + 4 10016	INDUSTRY AWARDS LYNCHEON	
	ON 12-17-04 AT HEMSLEY	
	HOTEL	
	12.b. Amount. FIGHTY FOUR 1841.00	
C. Received from any employer (other than an employer covered under parts A and B observ)		
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	or other thing of value. 14.a. Nature of payment.	
(including trade name, if any).	That Hadde of payment	
Name		
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	
- Land		